

<b>DECLARATION</b>	Attorney Docket	MAK/102/PC/US
	First Named Inventor	Theodora Calogeropoulou
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Antiprotozoal Ring-Substituted Phospholipids**

the specification of which

☐ is attached hereto; OR

☒ was filed on 10/29/2003 as PCT International Application Number PCT/US2003/034,225 and was amended on 04/14/2005; OR

☐ is attached hereto and was filed on (MM/DD/YYYY) \*\*\* as United States Application or PCT International Application Number \*\*\* and was amended on the execution date to conform to the attached specification.

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Codes of Federal Regulations, §1.56.

I hereby claim foreign priority under Title 35, United States Code § 119 (a)-(d) or § 365 (b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Claimed Yes No	Copy Attached Yes No

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119 (e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YY)	
60/422,383	10/30/2002	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

EL 969074206 US

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# DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Title Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplementary priority sheet attached hereto:

As a named inventor, I hereby appoint in the registered practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office therewith and direct that all correspondence be addressed to that Customer Number:


Form Name: **Alix, Yale & Ristas, LLP**

Customer Number:

**002543**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

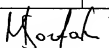
Name of Sole or First Inventor ☐ A petition has been filed for this unsigned inventor

Given Name	<b>Theodora</b>	Middle Initial		Family Name	<b>CALOGEROPOULOU</b>	Suffix	
Inventor's Signature						Date	<b>15/11/05</b>
RESIDENCE: City	<b>Attiki</b>	State		ZIP	<b>GR-14564</b>	Country	<b>GR</b>
						Citizenship	<b>GR</b>

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Name of Additional Joint Inventor, if any: ☐ A petition has been filed for this unsigned inventor

Given Name	<b>Maria</b>	Middle Initial		Family Name	<b>KOUFAKI</b>	Suffix	
Inventor's Signature						Date	<b>15/11/05</b>
RESIDENCE: City	<b>Athens</b>	State		ZIP	<b>GR-11524</b>	Country	<b>GR</b>
						Citizenship	<b>GR</b>

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City	<b>Athens</b>	State		ZIP	<b>GR-11524</b>	Country	<b>GR</b>	Applicant Authority	
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☒ Additional inventors are being named on supplemental sheet(s) attached hereto.

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Name of Additional Joint Inventor, if any:										[ ] A petition has been filed for this unsigned inventor			
Given Name	Nikolaos	Middle Initial		Family Name	AVLONITIS	Suffix							
Inventor's Signature						Date	15/11/05						
RESIDENCE: City	Attiki	State		ZIP	GR-18120	Country	GR	Citizenship	GR				
POST OFFICE ADDRESS	Kresnas 21, Koridallos												
City	Attiki	State		ZIP	GR-18120	Country	GR	Applicant Authority					
Name of Additional Joint Inventor, if any:										[ ] A petition has been filed for this unsigned inventor			
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Inventor's Signature						Date							
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City	Watertown	State	MA	ZIP	02472	Country	US	Applicant Authority					
Name of Additional Joint Inventor, if any:										[ ] A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix							
Inventor's Signature						Date							
RESIDENCE: City		State		ZIP		Country		Citizenship					
POST OFFICE ADDRESS													
City		State		ZIP		Country		Applicant Authority					
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto.													

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Given Name	Nikolaos				Middle Initial		Family Name	AVLONITIS				Suffix							
Inventor's Signature												Date							
RESIDENCE: City	Attiki				State		ZIP	GR-18120		Country	GR	Citizenship	GR						
POST OFFICE ADDRESS	Kresnas 21, Koridallios																		
City	Attiki				State		ZIP	GR-18120		Country	GR	Applicant Authority							
Name of Additional Joint Inventor, if any:										[ ] A petition has been filed for this unsigned inventor									
Given Name	Alexandros				Middle Initial		Family Name	MAKRIYANNIS				Suffix							
Inventor's Signature		<i>Alexandros Makriyan</i>										Date	11/14/05						
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City	Watertown				State	MA	ZIP	02472		Country	US	Applicant Authority							
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